



INSPECTION REPORT

operational test fuel burning equipment over 400,000 BTUs input

Top portion to be completed by Contractor prior to visual inspection by the City of Columbus.

Job Location _____ Permit # _____

Contractor _____ License # _____ Phone # _____

Building Agent _____ Phone # _____

Type of Equipment: ☐ Crematory ☐ Steam Boiler ☐ Hot Water Boiler ☐ Incinerator ☐ Other _____

Type of Fuel Source: ☐ Gas ☐ Oil ☐ Electric ☐ Solid Fuel ☐ Other _____

Make _____ Model # _____ Serial # _____

BTU Input Rating _____ High Limit Test ☐ OK

Low Water Cut-Off Test ☐ OK

Air Failure Switch ☐ OK

Flue Gas Temp. _____ CO₂ _____ CO _____ Flame Failure _____ Seconds _____

List the name of the testing agency on equipment _____

Installer's Name _____ Signature _____ Date _____

PLEASE PRINT

OFFICE USE ONLY

CONTROLS, SAFETY DEVICES

	APPROVED	REJECTED	N/A
SAFETY VALVES			
SAFETY VALVE DISCHARGE LINES			
OPERATING CONTROLS			
HIGH LIMIT			
LOW WATER CUT-OFF			
BACKFLOW PREVENTER			
COMBUSTION AIR			
EXPLOSION RELIEF			
BOILER ROOM, IF REQUIRED			
WALLS, CEILING, 1 HR. MINIMUM			
DOOR & CLOSER, 1 HR. MINIMUM			
SPRINKLER HEAD, IF REQUIRED			
FUEL SUPPLY PIPING, VALVES, ETC.			
REGULATOR VENTS			
PIPE HANGERS WITH SUPPORTS			
COOLING DEVICE, IF REQUIRED			
OTHER			

VENTING

	APPROVED	REJECTED	N/A
SIZE			
HEIGHT			
CLEAN-OUT			
SUPPORTS			
HOLES, DAMAGE			
VENT CLEARANCE			
BAROMETRIC DAMPER			
DIVERTER			
BREECHING			
DRAFT SWITCH			
Comments:			

I have visually inspected the above listed equipment as noted in this section.

Inspector's Name _____ Signature _____

PLEASE PRINT

Date _____